



Disassociation Request

Use this form to notify CSLB of the disassociation of a Partner, Qualifying Partner, Officer, Responsible Managing Officer (RMO), or Responsible Managing Employee (RME). This notice must be received at CSLB Headquarters within 90 days after the effective date of the disassociation; if the notice is received after 90 days, the date CSLB receives it will be used as the disassociation date. This may result in the suspension or cancellation of the license, or the removal of a classification from a license, effective that date. (See *Business & Professions Code Sections 7076, 7068.2, and 7083.*)

DISASSOCIATION OF A PARTNER OR QUALIFYING PARTNER

If a partner disassociates from a license, **it results in the cancellation of the partnership license.** However, the remaining partner(s) may request a continuance to complete projects in progress. A request for continuance must be received within 90 days of the cancellation date of the license.

DISASSOCIATION OF AN RME OR RMO

When an RME or RMO disassociates from a license, the licensee or qualifier must notify the Registrar in writing, and the licensee must replace the qualifier within 90 days of the disassociation date. Failure to replace the qualifier within 90 days results in the automatic suspension of the license or removal of the classification. If a licensee is unable to replace the RME or RMO within the 90-day period, a 90-day extension can be requested. An extension request must be received within 90 days after receiving notification from CSLB that the license will be suspended or the classification removed.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

NAME OF BUSINESS DISASSOCIATING FROM		LICENSE NUMBER	
BUSINESS MAILING ADDRESS (number/street or P.O. box)		city	state ZIP code
NAME OF PERSON DISASSOCIATING		DAYTIME PHONE NUMBER ()	
MAILING ADDRESS OF PERSON DISASSOCIATING (number/street or P.O. box)		city	state ZIP code
DATE OF DISASSOCIATION	IF YOU ARE IN THE PROCESS OF OBTAINING A NEW LICENSE AND DO NOT WANT THIS DOCUMENT PROCESSED UNTIL YOUR NEW LICENSE IS ISSUED, PLEASE CHECK HERE. <input type="checkbox"/>		

On _____ at _____,
DATE CITY/COUNTY/STATE

I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.

Signature of Owner, Partner, Qualifying Partner, Officer, RME, or RMO _____

Print Name _____

ATTENTION QUALIFIERS: If you were required to inactivate your individual license to qualify the above license, and now want to reactivate your individual license, provide the license number here _____ and a Reactivation Application will be mailed to you.

Notice on Collection of Personal Information

CSLB collects the personal information requested on this form as authorized by B&P Code § 30 and CCR 816. CSLB uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation. Submission of the requested information is mandatory. CSLB cannot consider your application for licensure or renewal unless you provide all of the requested information. You may review the records maintained by the CSLB that contain your personal information, as permitted by the Information Practices Act. We

make every effort to protect the personal information you provide us, however it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act; to another government agency as required by state or federal law; or in response to a court or administrative order, a subpoena, or a search warrant. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 400 R Street, Sacramento, CA 95814, or email privacy@dca.ca.gov.

